BL #	
B-OC200	



CITY OF MILPITAS

BUILDING AND SAFETY DIVISION

Mailing Address: 455 East Calaveras Boulevard, Milpitas, California 95035-5479 – Tel. 408.586.3240, Fax 408.586.3285 www.ci.milpitas.ca.gov

APPLICATION FOR OCCUPANCY PERMIT

BUSINESS LICENSE REVIEW

BUILDING FEE \$260.00
FIRE FEE \$104.00 (Effective January 01, 2004)
PERMITTING
AUTOMATION FEE \$9.10 (Effective July 01, 2006)
TOTAL FEE \$373.10

1.	siness Name: Today's Date:						
2.	Business Address:	Phone No.:					
3.	Applicant Name:	Date Business Starts:					
4.	Building Owner's Name:						
5.	Building Owner's Address: Street City	7 State Zip					
6.	Briefly describe your business (retail sales, storage of warehouse/distribution, manufacturing of)						
7.	Please describe what activities are conducted in each room or area of your business. (You may exclude office, bathrooms, conference room)						
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PLEASE NOTE: No building, structure, or building service equipment regulated by the Milpitas Municipal Code and the technical codes shall be erected, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate, appropriate permit for each building, structure or building service equipment has first been obtained from the Chief Building Official.

8. this l	Are you req business at this le	uired to obtain a "USE Plocation?	ERMIT" or other AP	PROVALS from the	he Milpitas Planning I	Division to operate		
	Yes		No					
	(If you are uns	sure or wish additional in	formation, please cor	ntact the Planning	Division at 408-586-3	279).		
9.	Are hazardous	Are hazardous materials to be used or stored in conjunction with this business?						
	Yes		No					
	(If you are uns	sure or wish additional int	formation, please cor	ntact the Fire Preve	ention Bureau at 408-5	586-3365).		
10.		red to have permits or clear you are unsure or wish ad-						
	*City Hazardo County Enviro	rdous Materials ous Materials onmental Health	Yes Yes	No No No	510-622-230 415-771-600 408-299-693 408-586-336 408-299-606	0 0 5		
	been submitted	ed to any of the above, a d to the Building Inspection of the Building Insp	on Division.					
APP	LICANT	Print Name	Title		Signature	Date		
APP	LICANT SHAL	L BE THE OPERATOR		i.				
		quired to fill out this forn or future reference.	n at the time you mal	se application for a	a City Business Licens	e, so please		
		Regional Water Quality (San Francisco Bay Regio						
	+BAAQMD -	— Bay Area Air Quality N	Management Division	ı				
Plan	ning Approval .		D	ate				

55630_S Rev. 07/10/07